Preprint

'ANNOUNCEMENT OF 'FULLY VACCINATED DISTRICT': CRITICAL REVIEW OF NEPALI PUBLIC HEALTH POLICY AND DEVELOPMENT PRACTICES

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Abstract

This article critically analyses the campaign to declare a "fully vaccinated district" in Nepal over the past decade. The policy, which appeared to be auspicious at the outset, seems to be being reduced to declarative, donor-influenced, and performance-oriented practices in practice.

The weaknesses in government machinery, absence of data, absence of ownership of vaccination programmes by the locals and absence of sufficient attention on making the vaccination of the newborns sustainable are reflective of the limitations of the policy.

The article argues that such policy practices prioritize short-term goals and paper success performance over long-term public health reform.

In this context, the article highlights the need to go beyond announcements, offering surgical options such as sustainable vaccination systems, digital tracking, community monitoring, and transparency in donor-government relations.

Based on the comparative context of other countries like Nepal, the article criticizes the 'output-driven' development practice and advocates 'citizen-centered' and 'data-driven' public health policies.

Keywords: Fully Immunized District, Public Health Policy, Donor Influence, Symbolic Declarations, Evidence-Based Policy, Community Participation

1. Introduction

The declaration of a 'Fully Immunized District, FID' has been an important milestone in the public health programs conducted in Nepal over the last few decades. Kaski District became the first fully vaccinated district in 2069 BS, and since then, various districts across the country have gradually earned this title. However, given that there is a deep gap between policy making and practice, it seems vital to re-evaluate the scientific basis, long-term stability, and its impact on society.

This article will critically analyze the 'Fully Vaccinated District' campaign in the context of public health administration, donor-dependent development practices, and the politics of policy performance. It will also include comparative references from South Asia, particularly lessons from India, Bangladesh, and the African nation of Rwanda.

2. Theoretical framework

2.1 Development Spectacle

James Ferguson (1990) has described development as a means of concealing complex structural problems through administrative measures, calling it 'anti-politics machine'. Nepal's vaccination programme is also an example of this demonstrative

development, where announcements such as 'full vaccination' under the pressure of statistical success and international approval hide the complexity of society.

2.2 Gap in policy implementation (Policy-Implementation Gap)

According to Lipsky (1980), 'street-level bureaucrats', i.e. health workers working at the local level, in many cases prioritize behavior over policy when implementing policy. Even in Nepal, the announcement of 'full vaccination' is an indicator of the success of the policy, but in practice it has not been able to make a permanent improvement in the vaccination rate.

3. Study Framework

The study is based on a qualitative and critical (critical) research framework that in-depth analyses the government policy, implementation realities, and social impact of declaring a "fully vaccinated district" in Nepal. The study has used policy review, context analysis, and comparative study methods.

3.1 Approach to study

Critical Development Studies: The declarative practices in the name of development in this study have been reviewed in the theoretical framework of Ferguson's 'Development as Anti-Politics Machine' and Lipsky's 'Street-Level Bureaucracy'.

3.2 Data Collection Methods

Secondary Data Analysis:

According to the Government of Nepal, Ministry of Health, the World Health Organisation, UNICEF, GAVI and other organisations (2015–2023)

- Papers, policy articles, and papers on vaccination programmes and advancing international development.

- Contextual Comparative Review:

- Analysis of vaccination campaigns and policy models in India, Bangladesh, and Rwanda

3.3 Analytical Tools

- Thematic Analysis: Qualitative analysis in core topics including declarative practice, institutional weakness, and parent dependence.

Discourse Analysis: The use of the term "fully vaccinated district," the promotional style, and the critical study of political commentaries.

3.4. Limitations

- Did not conduct direct primary field research (field studies) but covers the experiences of community-level health workers.

- Since the reliability of the available secondary data is based on government and donor reports, there is a possibility of numerical errors.

4. Facts and References

4.1 Government definition of full vaccination

The Government of Nepal considers children under 1 year of age as a 'fully vaccinated' child after

receiving three doses of BCG, DPT-HepB-Hib, polio, MR, and PCV vaccines (MoHP, 2022).

4.2 State of declaration

As of 2023, more than 55 of Nepal's 77 districts have been declared full vaccine districts (UNICEF Nepal, 2023). But then the national vaccination rate appears to have dropped from 87% to 82% (WHO/UNICEF Estimates of National Immunization Coverage, 2023).

4. Critical analysis

4.1 Donor dependency and data production pressures

Donors such as GAVI, UNICEF, WHO have major investments in Nepal's vaccination programme. Since donors often adopt the 'performance-based funding' model, there appears to be a tendency to exaggerate numerical indicators of success in data reporting (GAVI, 2021). This is because the emphasis is on paper achievement rather than the quality of actual vaccination services.

4.2 Non-stability declaration system

A full vaccination announcement only shows a one-time vaccination status, but the question of whether babies born in subsequent years are routinely vaccinated is ignored. The long-term credibility of the announcement comes under question as the child population of any year is changing.

4.3 Weak structure of public health institutions

Health posts in remote areas are inadequate, manpower is scarce, drug supply is unstable (NHSSP Report, 2022). In such a situation, the resolution of 'fully vaccinated district' has become only an administrative formality.

5. International Learning

(Comparative Insights)

5.1 India – Mission Indradhanush

Mission Indradhanush, which has been in operation in India since 2015, reactivated monthly vaccination sessions by conducting a 'catch-up' campaign in 12 specific districts. It redefined the responsibility of permanent monitoring and health workers (MoHFW India, 2021).

5.2 Bangladesh – Community Health Workers based vaccination service

Organisations such as BRAC have developed a model to provide door-to-door vaccination services by training community health volunteers in rural areas. This has led to a lasting improvement in vaccination rates (UNICEF Bangladesh, 2020).

5.3 Rwanda – Digital Tracking System

Rwanda has implemented the SMS-based tracking system in the vaccination work to track the vaccination schedule of each infant. This has made vaccine palaning based on data-evidence (WHO Rwanda Report, 2021).

Investments have been made in input (training/resources) and processes (ensuring vaccination services at the doorstep) in the management of vaccination programs in the mentioned countries. But in Nepal, output i.e. data has been made the main basis. This always makes the achievement risky because we are facing a situation like no fruit or flower if we do not drink water without a base. It would not be an exaggeration to criticize the world as an artistic and technical or style.

6. Creative options and recommendations

(Creative Alternatives and Recommendations)

6.1 Continuous vaccination system, not 'full vaccination'

The current system has once declared a 'fully vaccinated district' and considered it a success, which is not permanent. A one-time declaration is irrelevant in a society where birth rates are constant.

Instead, 'Continuous Immunization System' means a system that includes:

- Predicts the need for vaccination according to the number of newborns each year,

- Regular data updates,

- Regional vaccine coverage is evaluated through the renewal process.

This will help move the healthcare system from announcement-oriented to system-oriented thinking.

6.2 Indigenous monitoring mechanism

Monitoring in healthcare programs is often done at the external institution or administrative level. It can't cover the real problem.

Indigenous monitoring mechanism means:

- Make local level social organizations, women's groups, or women's health volunteers and other volunteers active partners in the monitoring of vaccination services;

- Giving them responsibility by giving them training, tools, and encouragement,

- Such a mechanism ensures local accountability (local accountability).

This will help ensure equal rights, participation and transparency in public health.

6.3 Development of digital vaccine tracking systems

- In Nepal, most of the vaccine records are still on paper and there is a problem of not being updated locally. Vaccine tracking can be done by linking it with technology.

Digital vaccine tracking system means:

- A system that can track children's vaccination schedules and periods using a mobile app or SMS messaging system,

- The general public will know the vaccination status of their child,

- Health workers will know which area is weak,

This brings data transparency, timely information flow, and vaccination service continuity.

Countries like Rwanda and India have achieved great success in such systems.

6.4 Making the influence of donor agencies transparent

The role of GAVI, WHO, UNICEF, etc. in Nepal's vaccination program is important, but because of their 'output-driven' approach (focused on number production):

- Vaccination service sustainability, social justice, or local priorities are not prioritized,

- Pressure on health workers to show paper progress,

- There is a risk of increasing announcement-oriented policy making.

To improve it:

- Engagement and communication between donor agencies and the government should be made transparent;

- Identify local needs, the role of local leadership, and strengthen policy ownership.

It will support the formulation of sustainable and self-reliant public health policy.

These creative recommendations are not just reform measures, they are a roadmap towards a

sustainable, equitable and people-responsive public health system. It insists on prioritizing a sustainable approach to improving services and infrastructure over announcements such as 'full vaccination'.

7. Conclusion

The concept of a "fully vaccinated district" in Nepal was initially a policy effort aimed at extending access to public health. This is an attempt to raise awareness about vaccination services and make local governments feel accountable to public health.

In practice, however, the concept seems to be gradually being reduced to a declarative, performance-oriented and donor-dependent goal-oriented framework. Even after a "complete" vaccine has been announced, newborns are not vaccinated regularly, questions about the quality of data, and a lack of stability monitoring systems raise serious questions about the effectiveness of the program.

❗ Critical Approach:

- The tendency to have 'promotional value higher than policy seriousness' has made the health sector a tool of political gain.

- Such an exercise encourages the government's haste to show numerical achievements, not testing its true capabilities.

- The influence of donor organizations weakens the local context and community participation, which affects long-term ownership.

✅ Positice and creative perspectives:

- Although there are structural weaknesses in the current system, there is also the possibility of improvement within it.

The vaccination programme has led Nepal to remarkable achievements in controlling many vaccine-controlled diseases in the past, which is an impetus for future reforms.

– This concept can be re-established and sustained through local level empowerment, use of digital technology, and community ownership development.

Essence:

The time has come for us to move beyond the limits of the linguistic demonstration of "full or complete" and move forward in building a "sustainable, inclusive and responsive vaccination policy system." Real access and effectiveness of vaccination services can be maintained only by strengthening dimensions such as 'data-based decisions', 'role of local social structures', and 'transparency of donor-government relations' in policy making.

Therefore, beyond the announcement, Nepal's vaccination policy needs to be 'citizen-centric', 'objective evidence-based', and 'structural transformation-oriented' – only a meaningful step towards long-term public health protection and self-reliance.

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Introduction to the Author

Dr. Nawa Raj Subba is a Nepali researcher, author, and thinker who has worked in Nepal's health system for over 30 years. His work bridges public health, social science, and indigenous knowledge, with a focus on policy, governance, and community health. In addition to publishing academic research, he has made significant contributions to the study of literature and culture in Nepal. Dr. Subba continues to engage in multidisciplinary research aimed at developing evidence-based and culturally informed development strategies.

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